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PERIODIC REPORT ON EVALUATION

Report of the Executive Director

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I. INTRODUCTION

1. This report is submitted to the Executive Board in response to Governing Council decisions 82/20 and 90/35A, which requested the Executive Director to report biennially on evaluation activities.

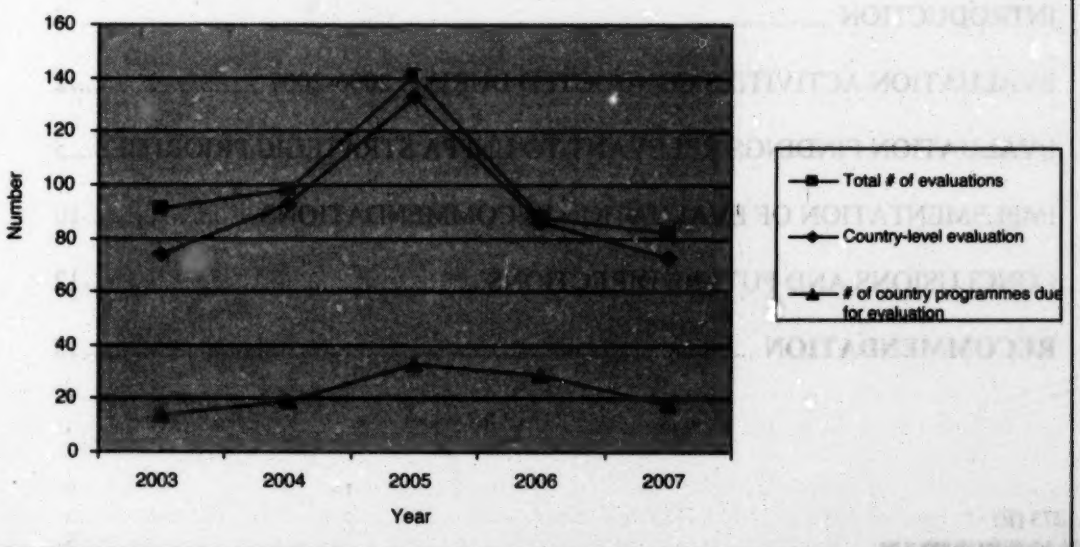
2. Following the introduction, section II of the present report provides details on evaluations undertaken within UNFPA during the biennium 2006-2007, including on the coverage, practice, compliance and quality of evaluations. Section III highlights key evaluation findings relevant to UNFPA strategic priorities, including those related to the outcomes of the UNFPA multi-year funding framework (MYFF), 2004-2007, and the UNFPA intercountry programme, 2004-2007. Section IV summarizes efforts regarding the implementation of evaluation recommendations. Section V presents conclusions and future directions. Section VI contains a recommendation.

II. EVALUATION ACTIVITIES CONDUCTED DURING 2006–2007

Overview and trends

3. During the period 2006–2007, UNFPA conducted 170 evaluations: 159 at the country level, five at the regional level and six at the global level. Forty-five per cent of the evaluations were in the area of reproductive health, including adolescent reproductive health; 21 per cent were multisectoral, including country programme evaluations; and 13 per cent concerned gender themes. Figure 1 illustrates the trend in the number of evaluations. Variations in the number of annual evaluations occur due to the different stages of programme and project cycles.

Figure 1: Evaluation Trends 2003 - 2007



4. In 2007, two independent evaluations were commissioned: one on UNFPA experience in increasing aid effectiveness through participation in sector-wide approaches (SWAps); and the other on the use of joint programmes in the area of reproductive health, including HIV/AIDS prevention. The main purpose of the SWAp evaluation was to examine whether UNFPA participation in SWAps had enabled a greater return on investment than might otherwise have been the case. The evaluation of joint programmes assessed whether the Fund's participation in joint programmes enhanced its performance at the country level and contributed to promoting and mobilizing resources for implementing the Programme of Action of the International Conference on Population and Development (ICPD). The main findings from both these evaluations will be available later in 2008.

5. Of the evaluations conducted during the 2006-2007 biennium, 17 were joint evaluations conducted together with other United Nations agencies, multilateral or bilateral organizations, and governmental or non-governmental organizations.[1] About one fifth of the country-level evaluations were conducted by a team of international and national evaluators as in the previous reporting period, and another one fifth were carried out by international evaluators. The remaining evaluations were conducted by national evaluators.

6. The review of evaluation activities undertaken in 2006 and 2007 indicates that 75 per cent of country offices conducted a country programme evaluation before the start of a new country programme cycle. Of the country programme evaluations reviewed on a sample basis, about one fifth of the evaluations included an assessment of outcomes. A major constraint for conducting outcome evaluations was the unavailability of baseline and end-line data on programme indicators and UNFPA is taking targeted measures to ensure that this data is available for all the new country programmes.

7. The 27 UNFPA-supported pilot projects which experimented with new and innovative approaches before replicating or scaling up, all conducted an evaluation in 2007. The projects focused on such issues as reducing child marriage; involving men as partners in promoting reproductive health in the workplace; promoting youth-friendly services; introducing life skills education; addressing obstetric fistula; providing psychosocial training for school counsellors; and strengthening emergency obstetric care.

Evaluation quality

8. UNFPA regularly monitors the quality of evaluation to support and inform the implementation of organizational goals and priorities, as recommended by the Evaluation Quality Assessment (EQA) conducted in 2005. A sample of 34 evaluation reports produced between 2006 and 2007 was reviewed against a set of 23 minimum standards for evaluation quality aligned with the United Nations Evaluation Group (UNEG). This includes the internationally recognized

[1] Among others, these include UNDP, UNICEF, WHO, WFP, government ministries, local governments, Canadian International Development Agency (CIDA), Department for International Development (DFID), Japan International Cooperation Agency (JICA), Population Council, CARE, Stanford University, Columbia University, and the Swiss Red Cross.

evaluation standards for relevance, effectiveness, efficiency, sustainability and impact and other standards such as adequate attention to gender equality and the use of best practice evaluation methodology.

9. According to the analysis of the 34 reports reviewed (18 evaluations in 2006 and 16 in 2007), 37 per cent of the evaluation ratings were satisfactory or better, as compared to the 2002-2004 period when 41 per cent of the evaluation ratings were satisfactory or better. The evaluation quality remained unsatisfactory in many areas as was also indicated in the findings of the oversight missions conducted by the UNFPA Division for Oversight Services (DOS), which examined the quality of monitoring and evaluation in 15 countries during 2006-2007. As reported in the internal audit and oversight activities report (DP/FPA/2008/11), compliance with recognized standards for measuring relevance, effectiveness, efficiency, impact and sustainability could be improved and UNFPA is taking targeted measures to do so, as explained below in section V.

Capacity development activities

10. The number of UNFPA country offices that supported the development of national results-based management capacities, including monitoring and evaluation, increased from 46 per cent of all country offices to 71 per cent. While the Ministries of Health were the primary recipients of capacity development support, there has also been increased UNFPA support to other line ministries, such as the Ministries of Economy, Finance and Planning, and the national AIDS organizations. The focus of UNFPA support ranged from indicators systems (contribution to developing databases such as DevInfo, health information systems and logistics management information systems) to broader results-based monitoring and evaluation systems development in the context of HIV/AIDS and poverty reduction strategies.

11. In 2007, the regional and subregional offices of UNDP, UNICEF, UNFPA and WFP in South and East Asia and the Pacific launched the United Nations Evaluation Development Group. The overall goal of this group is to strengthen the evaluation function of the member United Nations regional and subregional offices, and to contribute to further development of national evaluation capacities. Each agency is contributing financially to the activities which include, inter alia, engaging national and subnational government officials in using evaluations to track achievement of the Millennium Development Goals (MDGs); providing a regional forum for sharing of experiences and professional development; and organizing short-term training programmes for United Nations staff and national partners.

12. UNFPA financed a series of studies, in collaboration with UNDP, UNICEF, UNAIDS and bilateral donors, on the state of public sector monitoring and evaluation in Côte d'Ivoire Democratic Republic of the Congo, Niger and Senegal. Some of the studies were linked to the development of poverty reduction strategies. The initiative resulted in the development of national action plans to strengthen the public sector monitoring and evaluation function. The studies found, among others, that the growing demand for public sector evaluations was not being adequately met. This was due to a lack of coordination at national level among government organizations engaged in data collection, monitoring and evaluation; poor accessibility to evaluation reports; and

the fact that available evaluations tended to focus on projects and programmes, and rarely on policies.

13. Internally, UNFPA organized comprehensive programme management training for all new national programme officers and some newly recruited country technical services team (CST) advisers in the Africa region. The principles and practices of results-based monitoring and evaluation formed a significant part of the training programme.

Interagency activities

14. During 2007, UNFPA participated in the UNEG task force on evaluation guidance for human rights and gender equality, and the UNEG evaluation capacity development task force. The task force on evaluation guidance for human rights and gender equality was constituted following the 2007 annual general meeting of UNEG in Geneva. The objective of this task force is to develop a guidance document on the management and conduct of evaluations using a human rights and gender equality perspective. Key task force activities included a mapping of existing evaluation guidance and the development of a concept note which included a draft annotated outline for the guidance material to be produced. In 2008, the task force will focus on the development of these materials based on further guidance from the 2008 annual general meeting.

15. The evaluation training group of the UNEG evaluation capacity development task force developed an introductory course as part of an evaluation training programme in partnership with the United Nations System Staff College. UNFPA staff participated in the review of the training course materials and the pilot training.

III. EVALUATION FINDINGS RELEVANT TO UNFPA STRATEGIC PRIORITIES

16. Based on content analysis of 20 evaluations that were conducted during the period 2006-2007, this section focuses on the major findings of evaluations of country, regional and global projects and programmes. The analysis provides a snapshot of the evaluation findings pertaining to the strategic priority areas of UNFPA.

Reproductive health

Access to comprehensive reproductive health services

17. Several evaluations reported successful interventions on improving the coverage and quality of reproductive health services and resulting increases in condom use and contraceptive prevalence rates (for example, in Kyrgyzstan, Mongolia, Thailand and Senegal). In one case, full access to reproductive health was achieved by integrating a minimum package of reproductive health at all service delivery points in the target regions, in collaboration with UNICEF and WHO. The intervention led to a significant reduction in the maternal mortality ratio in one of the target regions. Contributing to the success of the intervention were free delivery services as well as strengthened management of services, including supportive supervisory visits and service provider

self-evaluations. Other evaluations reported an increase in the proportion of births attended by skilled personnel (for example, in Eritrea, Senegal and Thailand). Furthermore, establishing maternity waiting homes and improving timely antenatal care were found to be effective strategies to increase skilled attendance at birth in Eritrea and Mongolia.

18. While institutional delivery is proven to reduce the occurrence of maternal deaths, UNFPA-funded interventions faced challenges in changing the practice of home deliveries (which are often assisted by traditional birth attendants) towards deliveries at health facilities. One of the reasons why women did not want to come to clinics was the poor quality of services, including inadequate availability of drugs and trained service delivery personnel.

Demand for reproductive health services

19. Notable success was seen in Bolivia, both in increasing overall demand and empowering people to demand quality reproductive health services. An impact evaluation of a pilot literacy project targeting the poorest of Bolivia's indigenous population, mostly women, found that the literacy classes were an extremely useful way to enhance the knowledge, attitudes and practices of the participating women in relation to care of their health in general and sexual and reproductive health in particular. For example, 57 per cent of women in the pilot project delivered their children in a health centre in contrast to 18 per cent of women in other municipalities selected for comparison. Concurrently, the pilot project succeeded in making 16 per cent of the illiterates in the country literate, at a lower cost per person than the national literacy programme. As a result of the gains in literacy, the self-esteem and sense of individual and cultural identity of the members of the target population increased. The success of the pilot also encouraged the municipalities to become increasingly involved in the interventions and contribute to the project costs. In addition, their capacities to manage and prioritize adult education programmes were strengthened.

20. A recurring challenge that demands creative work pertains to delivering messages clearly and in culturally appropriate ways to various target groups and key stakeholders on sensitive sexual and reproductive health matters. Given that difficulties were often encountered in understanding the informational materials, it is important to revise the materials so that they are better suited to local needs and specific cultural contexts.

Adolescent reproductive health services

21. Several evaluations of large-scale programmes that addressed young people's sexual and reproductive health were conducted in collaboration with Governments and non-governmental organizations (NGOs). The initiatives in Asia (involving Bangladesh, Cambodia, Lao People's Democratic Republic, Nepal, Pakistan, Sri Lanka and Viet Nam) and Africa (involving Botswana, Ghana, Uganda and the United Republic of Tanzania) resulted in marked improvement in young people's reproductive health knowledge, attitudes and behaviours. The evaluations noted increases in such indicators as condom use at first sex; consistent use of a condom with current partner; and modern contraceptive used at first and at last sex.

22. The regional interventions were successful due to the application of innovative, comprehensive, multi-component programme strategies that were applied in different sociocultural (and often challenging) circumstances. The strategies included support to youth policy development and advocacy initiatives and collaboration with local stakeholders. The strategies helped to increase government commitment and allocation of resources to adolescent sexual and reproductive health. Other notable elements of the strategies were the introduction of life planning skills training for in- and out-of-school youth, entertaining educational (so-called 'edutainment') activities, peer educators, increased availability of youth-friendly services, behaviour change communication, livelihood programmes, institutional capacity-building of implementing partners, and systems to coordinate and disseminate lessons learned with the active participation of youth.

23. Sustainability of interventions was ensured, inter alia, by a high level of government and community ownership, integration of the youth-friendly services approach in pre-service training for health service providers, the integration of the life planning skills curriculum into the curricula of public and/or private vocational institutions, successful income generation and mobilization of other resources to cover operating costs, and the integration of activities into the ongoing programmes of NGO partners.

24. According to the evaluation of the joint initiative in the Pacific region by UNICEF, UNFPA and the Secretariat of the Pacific Community (2005-2007), the integration of youth-friendly services in the NGO-run clinics and in schools was more effective than the similar integration in existing public health facilities, as few young people accessed public health services. However, making government health services more youth-friendly was found to be vital since it is the only way to achieve widespread sustainable access to information and services for youth over the long term.

25. The evaluation of the multi-country humanitarian programme for internally displaced adolescents implemented globally in seven countries/territories (Burundi, Colombia, Democratic Republic of the Congo, Liberia, Occupied Palestinian Territory, Rwanda and Sierra Leone) found that the interventions had multiple positive impacts on the targeted adolescents, as well as their parents and communities. The beneficiaries gained a better understanding of the impact of early pregnancies on the health of the mother and her child and how these affect the mother's educational opportunities. Sexual and reproductive health services became more accessible to adolescents as a result of successful peer educator interventions. However, the interventions need to pay more attention to the protection of internally displaced adolescents against all forms of sexual and gender-based violence. Successful innovative approaches included the use of art and body expressions in assessing and changing young people's behaviours. These approaches created great enthusiasm among those involved and heightened their self-esteem and respect for each other.

26. There were some common lessons learned from the evaluations of adolescent reproductive health programmes. First, the private sector and social marketing organizations can provide, with the knowledge and consent of Governments, important complementary sources of reproductive health information and services for young people in contexts where Governments may not be

ready to provide such services. Secondly, local advocacy with support from key stakeholders (such as local leaders, local communities and parents) is important and effective in reducing obstacles to adolescent sexual and reproductive health work and promotes positive community attitudes. Thirdly, interventions with specific hard-to-reach vulnerable groups may be replicable but not necessarily feasible for scaling up, whilst interventions with the general population of young people may have more potential for scaling up. Finally, no matter how successful individual programmes may be, they are not sufficient to change the behaviour of youth in a given community unless there are deeper and broader changes in local attitudes towards youth.

27. The importance of local involvement in data collection and project assessment, and the resulting sense of local ownership were highlighted in the evaluations as key factors contributing to long-term change. The evaluations underscored that in assessing local realities and impact attention needs to be given to the perceptions and experiences of both girls and boys. Programmes that successfully reached youth audiences at risk have built on youth leadership. The evaluation findings also emphasized that it is important to mobilize funds to address the needs of young people in humanitarian crises; strengthen the involvement of NGOs in delivery of sexual and reproductive health services; and ensure that young males are addressed by reproductive health service delivery and skills development interventions.

Population and development

28. Effective interventions to increase the availability of national and subnational data disaggregated by sex, age and other socio-economic variables and census data analysis were noted by several of the evaluations, for example, with regard to UNFPA-supported programmes in Brazil, Colombia, Mongolia, Nepal, Senegal and Uganda. National capacity development was included in these interventions. The Census Bureau in Colombia received an international certification of capacity from the United States Census Bureau as a result of national and international technical support from UNFPA and the World Bank. The evaluation also found that the development of methodological guides for environmental and socio-economic development planning, taking into account demographic dynamics, allowed the municipalities of target regions to analyse population factors for their economic development strategies. UNFPA seed money for the Brazilian Institute for Geography and Statistics enabled the production of population projections, mortality tables, migration estimates and other sociodemographic data essential for the local and central government planning functions. In Nepal, the long-term support provided by UNFPA has successfully strengthened the capacity of the Central Department of Population Studies of Tribhuvan University. The department now has the capacity to conduct research, offer a Master's degree programme in population studies, provide training and expertise to national and international agencies, and strengthen South-South cooperation in this area.

29. In spite of these notable achievements, the evaluations pointed out that UNFPA support in the area of population and development may not always result in the expected impact on the national and local-level policy debate, due to: (a) the limited understanding that national and local-level policy makers and planners have of the interrelationship and linkages between population dynamics and development; and (b) the insufficiently funded district-level population activities.

To address this UNFPA will give focused attention to developing knowledge of population and development issues among policymakers and planners at all levels.

Gender equality and women's empowerment

30. About 40 per cent of the evaluations conducted in the area of gender dealt with gender-based violence. The evaluations reported that UNFPA-funded interventions made considerable progress in tackling gender-based violence and making gender issues an area of public concern. Outreach to community and religious leaders resulted in a noticeable increase in the awareness and support of these leaders and male members of their communities, for example, in stopping female genital mutilation. UNFPA-funded interventions in Senegal contributed to the revision of national family codes to remove discriminatory legal practices. As regards specific vulnerable groups, an example of success was found in Ethiopia which introduced the use of female condoms among commercial sex workers that allowed them to negotiate safe sex. Concerning gender mainstreaming, the evaluations pointed to the need to clearly define gender-related results and budgets for gender to be truly mainstreamed.

Other evaluations

UNFPA multi-year funding framework, 2004-2007

31. In early 2007, an external assessment of the effectiveness of the UNFPA multi-year funding framework (MYFF), 2004-2007, as a strategic planning tool, concluded that the MYFF provided a vision and overview of the mission and strategic direction of UNFPA which hitherto had been missing. The MYFF was developed through an extensive consultative process and, as a result, was sufficiently flexible in allowing country-level interventions to be tailored to national priorities while at the same time providing the framework for the organization as a whole to move towards specific common outcomes. However, the assessment found that UNFPA field-level data to track the achievement of MYFF results were of varying quality. The assessment noted that reporting from the field offices was not consistently analysed to use experiences to improve programming for the following year. Also, lessons learned from programme operations were not accessible at one central location and in a user-friendly way and thus were not always used to improve programming.

32. The assessment recommended, among others, that for its new strategic plan 2008-2011, UNFPA should develop a reference set of attributable country-level programme indicators to enable aggregation of achievements at the output level; connect the strategic plan goals with a budget and supporting management functions; develop a set of good practice strategic interventions to strengthen the effectiveness of field interventions; and improve the user-friendliness, relevance and quality of already existing knowledge-management tools. These recommendations are being implemented as described below in section IV.

Intercountry programme, 2004-2007

33. An evaluation of the UNFPA intercountry programme, 2004-2007, was completed in mid-2007. The programme consisted of 348 regional and interregional projects with a total amount of $255 million in funding. The evaluation found a number of successful projects and initiatives that produced significant results (such as the obstetric fistula campaign, global advocacy with parliamentarians, the reproductive health commodity security programme, the State of the World Population report, and adolescent reproductive health initiatives in Africa and Asia) as well as a wide range of guides, publications and tools that were used on a regular basis by the UNFPA country offices and the CSTs. However, many projects were not clearly linked to the intercountry programme outputs and outcomes, and their interlinkages were too limited to have synergistic effects. Furthermore, sustainability and the need for greater capacity development of counterparts remained issues in the projects evaluated. The intercountry programme needs to promote an integrated approach to capacity development based on systematic capacity assessments. There were weaknesses in programme management and oversight. For example, due to incomplete documentation, the evaluation could not provide assurance that all projects had been appraised before their approval. The intercountry programme paid inadequate attention to applying results-based management, including existing monitoring and evaluation procedures. The attempt to collect baseline data was late and few end-line data were available, thus making it difficult to assess effectiveness or impact.

34. The evaluation recommended that UNFPA develop a two-year action plan with benchmarks for minimum performance and review it semi-annually, followed by an external review at the end of two years. The action plan should include the strengthening of the programme guidelines by establishing criteria for programme management expenditures, partner selection, capacity assessment and capacity-building strategies, project review and evaluation, and the defining of roles, responsibilities and accountability of concerned UNFPA units. The evaluation further recommended that the implementation of the action plan be tied to the performance assessment of the Deputy Executive Directors. The oversight function should be reorganized with a formal advisory body that includes external partners and ensures oversight and accountability; reviews performance annually; and provides strategic direction. In order to have a more coherent programme structure, the evaluation suggested grouping together programme sub-components that address the same problems and objectives, and instituting a tighter approval process and a database that would facilitate close monitoring and analysis of data. These recommendations are being implemented as described below in section IV.

IV. IMPLEMENTATION OF EVALUATION RECOMMENDATIONS

35. Three fourths of UNFPA country offices reported that they had implemented most of the recommendations made by project, country programme and thematic evaluations from 2006. However, the implementation rate was not as high when it came to country programme evaluations. Only one-third of county offices reported robust follow-up to the country programme evaluations within one year. While this may be partly due to the time required to implement the

recommendations in the new programme, it is clear that follow-up to country programme evaluation recommendations needs improvement.

36. In response to the evaluations of adolescent and youth reproductive health interventions mentioned above as well as the earlier multi-donor evaluation (in 2003) of the contribution of UNFPA and the International Planned Parenthood Federation (IPPF) to adolescent sexual and reproductive health in six countries, UNFPA developed an assessment tool to identify gaps in programming for young people and is currently developing a conceptual framework on sexual and reproductive health programming for adolescents and youth. UNFPA is documenting the results of its adolescent reproductive health programmes to learn and exchange lessons. In the future, it intends to develop a resource mobilization strategy to address the needs of young people in emergencies in partnership with other United Nations agencies and NGOs working with displaced youth. UNFPA will also actively engage bilateral donors to ensure that young people's needs are addressed by humanitarian funding proposals and by the inter-agency fund for adolescent girls.

37. In follow-up to the recommendations of the evaluation on the effectiveness of the MYFF, 2004-2007, as a strategic planning tool, UNFPA has taken several actions. UNFPA is implementing a transparent strategic planning system revolving around the strategic plan, 2008-2011. The planning system is used by units at country, regional and global levels and is supported by a computerized management information system (Atlas) that provides real time financial and substantive data to all managers in the Fund. Baseline data and targets are being established to enable tracking of progress in the Fund's contribution to the 13 outcomes and achievement of the nine management outputs of the strategic plan. A reference set of programme-level output indicators has been developed for programmes at the global, regional and country levels. In the context of its reorganization, UNFPA is initiating the establishment of an integrated programme and technical knowledge-sharing system to ensure the generation and dissemination of knowledge on good practices in all areas of the Fund's mandate. Finally, a comprehensive training programme for professional staff on results-based programming and management will be rolled out in 2008.

38. In response to the evaluation recommendations on the 2004-2007 intercountry programme, UNFPA launched a two-year action plan to improve the performance of the 2008-2011 global and regional programmes. The action plan includes the establishment of a new oversight structure and management mechanisms, including an external advisory panel and a programme review committee; revision of programme guidelines for the regional and global programmes; determination of performance measurements and benchmarks for the programmes and management; the development of guidance and tools on capacity development based on the United Nations Development Group (UNDG) capacity framework; updating of the Atlas financial and programme monitoring system; and development of a four-year evaluation plan. The implementation of the action plan started in September 2007 and is on track.

39. UNFPA has also taken a number of steps to respond to the evaluation of results-based management in UNFPA, sponsored by Denmark in 2005, which recommended a stronger integration of results into the management processes in the Fund. For example as noted above, as

part of the strategic plan 2008-2011, UNFPA has adopted a reference set of outputs which will enable the Fund to report on its specific contributions to the outcomes of the strategic plan. Additionally, UNFPA plans to conduct partner surveys which would help validate the achievement of results. UNFPA has mainstreamed results-orientation into its management processes exemplified by the organization of training programmes on results-based management, adoption of a balanced scorecard and results-based budgeting, and implementation of a results-based work planning and performance assessment system.

40. As a follow-up to the recommendations of the 2005 assessment of the mainstreaming of gender in UNFPA materials, UNFPA issued guidelines and established a quality assurance process to mainstream gender in UNFPA publications, and improved electronic access to gender materials produced by UNFPA. It also published and disseminated to its staff worldwide the UNFPA strategy on gender equality and women's empowerment; and mainstreamed gender in the UNFPA induction course. In collaboration with UNIFEM, UNDP and UNICEF, UNFPA is in the process of developing a mandatory gender training compact disk for all staff. Thus, of the seven recommendations of the assessment, five have been implemented and two are under implementation.

41. Of the 10 recommendations made by the Evaluation Quality Assessment (EQA) in 2005, seven have either been implemented or are being implemented to improve the quality of the evaluation work carried out in the Fund. UNFPA is developing a new evaluation policy that is establishing definitions, principles and standards; delineating the evaluation roles and responsibilities of various offices; and describing the attributes of an effective evaluation function. Regular monitoring of evaluation quality has been instituted and an evaluation database is under development to store good practices and make evaluations more widely available. Five Monitoring and Evaluation Adviser posts have been approved for the new UNFPA regional offices as part of the Fund's reorganization and the recruitment will take place during 2008-2009.

V. CONCLUSIONS AND FUTURE DIRECTIONS

42. As delineated in the present report, UNFPA is an organization that is committed to evaluation, as is also evidenced by the number of evaluations performed annually (170 during 2006-2007). Several of the evaluations performed at the end of the 2004-2007 MYFF and intercountry programme cycles have been instrumental in the preparation of the 2008-2011 strategic plan and the design of the Fund's new organizational structure.

43. UNFPA recognizes the need to further improve the reliability and quality of its evaluation work and to strengthen the evaluation capacity of its staff and its counterparts. The Fund's senior management is according priority to addressing accountability issues and strengthening the culture of monitoring and evaluation in UNFPA.

44. Quality is a key element for improving the evaluation function in UNFPA, as it would facilitate increased utilization and thus contribute to fostering an evaluation culture. Evaluation quality, however, is closely linked to the quality, reliability, and relevance of programme design.

Unless the programming is based on solid and reliable data and evidence, clearly identified goals, and the best available, proven approaches to achieve them, there will continue to be a risk that evaluation in the Fund may not function as a useful tool to learn lessons and measure impact. The 2008-2011 strategic plan provides an opportunity to address these challenges, including through a sharper and more rigorous focus on the measurement of results and impact.

45. Further improvement in the quality and reliability of evaluation in UNFPA will require increased investments in improving evaluation expertise and knowledge sharing throughout the organization and with national partners in order to strengthen national evaluation capacity; promoting clear lines of responsibility and accountability in evaluation between management and the Fund's Division for Oversight Services; and promoting the use of standards for conducting and using evaluations as defined in the UNFPA evaluation policy.

46. UNFPA has already selected evidence-based programming as one of its organizational priorities in 2008, and plans to implement several activities to be monitored through the balanced scorecards. UNFPA also plans to strengthen evaluation capacity by establishing five new Monitoring and Evaluation Adviser posts at the regional offices to support capacity development of country offices and national counterparts in evaluation. At the country level, the appointment of designated monitoring and evaluation officers will be encouraged. National execution is the preferred programming modality in UNFPA, and the Fund recognizes the value of a participatory approach in evaluation. UNFPA recognizes that capacity-building extends beyond its own human resources, and, in accordance with the United Nations General Assembly resolution 62/208[2], plans to implement in 2009 a comprehensive training project on evidence-based programming and evaluation quality that would be conducted for the benefit of its employees and its national counterparts.

47. The above-mentioned developments that aim at a more cost-effective and efficient use of evaluation in the Fund will be detailed in the UNFPA evaluation policy. The policy will also further define the respective roles and responsibilities of UNFPA management and the Fund's Division for Oversight Services with regard to evaluation. While management is responsible for providing reliable information that results are achieved and have an impact on the intended beneficiaries, the Division for Oversight Services will focus on providing an assurance on the effectiveness, efficiency, quality and reliability of evaluations. These efforts should improve not only the programming process, but also the independence of the assurance provided by oversight to management and the Executive Board. Over time, these efforts will contribute to better risk management and allow UNFPA to demonstrate higher efficiency and effectiveness.

VI. RECOMMENDATION

48. **The Executive Board may wish to take note of the present periodic report on evaluation (DP/FPA/2008/10).**

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[2] Triennial comprehensive policy review of operational activities for development of the United Nations system.